



2817  
PATENT  
450117-02808

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

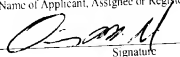
Applicant(s) : Gerald OBERSCHMIDT et al.  
Serial No. : 09/767,124  
For : DEMODULATION STRUCTURE AND METHOD  
Filed : January 22, 2001  
Examiner : Arnold M. Kinkead  
Art Unit : 2817

745 Fifth Avenue  
New York, NY 10151

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231, on October 17, 2002.

Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

  
Signature

October 17, 2002

Date of Signature

AMENDMENT

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

In response to the Office Action dated July 17, 2002, please amend the above-identified application as follows:



PATENT  
450117-02808

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) Gerald OBERSCHMIDT et al  
Serial No 09/767,124  
For DEMODULATION STRUCTURE AND METHOD  
Filed January 22, 2001  
Examiner Arnold M. Kinkead  
Art Unit 2817

ASSISTANT COMMISSIONER FOR PATENTS  
Washington, D.C. 20231

Sir

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below:  
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional fee
Total claims	18	Minus	= 20	0 x	\$18(9)	= \$00.00
Independent claims	2	Minus	= 3	0 x	\$84(42)	= \$ 00
				Total additional fee for this amendment		\$ 00

- \* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.  
\*\* If the highest number of total claims previously paid for is less than 20, write "20" in this space.  
\*\*\* If the highest number of independent claims previously paid for is less than 3, write "3" in this space.
- ☐ This application contains a multiple dependent claim. The required fee of \$260 (\$130) has been previously paid \_\_, or is paid herewith \_\_.
- ☐ This response is being filed within the month following the expiration of the term originally set therefor. This is a petition to request a \_\_ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$\_\_ is attached, which covers the cost of ☐ additional claims \_\_ petition for extension of time.
- ☐ Charge \$\_\_ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Dennis M. Smid, Reg. No. 34,930

Name of Applicant, Assignee or Registered Representative

Signature

October 17, 2002

Date of Signature

FROMMER LAWRENCE & HAUG LLP  
Attorneys for Applicant(s)

By Dennis M. Smid  
Reg. No. 34,930  
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